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**COMBINED DECLARATION AND POWER OF ATTORNEY**  
(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL, DIVISIONAL,  
CONTINUATION OR C-I-P)

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As a below named inventor, I hereby declare that:

**TYPE OF DECLARATION**

This declaration is of the following type:

original.  
 design.  
 supplemental.  
 national stage of PCT.  
 divisional.  
 continuation.  
 continuation-in-part (C-I-P).

**INVENTORSHIP IDENTIFICATION**

My residence, post office address and citizenship are as stated below, next to my name. I believe that I am the original, first and sole inventor (*if only one name is listed below*) or an original, first and joint inventor (*if plural names are listed below*) of the subject matter that is claimed, and for which a patent is sought on the invention entitled:

**TITLE OF INVENTION**

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**METHOD AND APPARATUS FOR CONTROLLING A STREAM OF LIQUID TEST  
PACKAGES IN A CAPSULE CHEMISTRY ANALYSIS SYSTEM**

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## SPECIFICATION IDENTIFICATION

the specification of which:

(a)  is attached hereto.

*Notice of July 13, 1995 (1177 O.G. 60).*

(b)  was filed on July 7, 1998, as  Serial No. 09/111,162 or  and was amended on *(if applicable)*.

(c)  was described and claimed in PCT International Application No. , filed on and as amended under PCT Article 19 on *(if any)*.

## ACKNOWLEDGEMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information, which is material to patentability as defined in 37, Code of Federal Regulations, § 1.56,

and which is material to the examination of this application, namely, information where there is a substantial likelihood that a reasonable Examiner would consider it important in deciding whether to allow the application to issue as a patent, and

in compliance with this duty, there is attached an information disclosure statement, in accordance with 37 CFR 1.98.

## PRIORITY CLAIM (35 U.S.C. § 119(a)-(d))

I hereby claim foreign priority benefits under Title 35, United States Code, § 119(a)-(d) of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed.

(d)  no such applications have been filed.

(e)  such applications have been filed as follows.

**PRIOR FOREIGN / PCT APPLICATION(S) FILED WITHIN 12 MONTHS  
(6 MONTHS FOR DESIGN) PRIOR TO THIS APPLICATION  
AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. § 119(a)-(d)**

COUNTRY (OR INDICATE IF PCT)	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 37 USC 119
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

**CLAIM FOR BENEFIT OF PRIOR U.S. PROVISIONAL APPLICATION(S)  
(34 U.S.C. § 119 (e))**

I hereby claim the benefit under Title 35, United States Code, § 119(e) of any United States provisional application(s) listed below:

PROVISIONAL APPLICATION NUMBER	FILING DATE
/	
/	
/	

**CLAIM FOR BENEFIT OF EARLIER US / PCT APPLICATION(S)  
UNDER 35 U.S.C. 120**

The claim for the benefit of any such applications are set forth in the attached ADDED PAGES TO COMBINED DECLARATION AND POWER OF ATTORNEY FOR DIVISIONAL, CONTINUATION OR CONTINUATION-IN-PART (C-I-P) APPLICATION.

**ALL FOREIGN APPLICATION(S), IF ANY, FILED MORE THAN 12 MONTHS  
(6 MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION**

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## POWER OF ATTORNEY

I hereby appoint the following attorney(s) and/or agents(s) to prosecute this application and transact all business in the Patent and Trademark office connected therewith.

Peter Bucci, Reg. No. 30,034

Robert M. Isackson, Reg. No. 31,110

Charles W. Bradley, Reg. No. 17,855

Robert A. Cote, Reg. No. 34,570

Bradford S. Breen, Reg. No. 30,823

Tzvi Hirshaut, Reg. No. 38,732

Lawrence B. Goodwin, Reg. No. 29,642

Philip E. Levy, Reg. No. 40,700

Marc J. Pensabene, Reg. No. 37,416

Andrew L. Klawitter, Reg. No. 26,557

Attached, as part of this declaration and power of attorney, is the authorization of the above-named attorney(s) to accept and follow instructions from my representative(s).

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### SEND CORRESPONDENCE TO

Philip Levy, Esq.

ORRICK, HERRINGTON & SUTCLIFFE LLP  
666 Fifth Avenue  
New York, New York 10103-0001

### DIRECT TELEPHONE CALLS TO: (Name and telephone number)

Philip Levy

(212) 506-5000

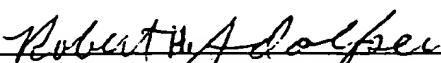
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## DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

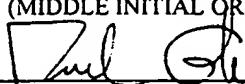
## SIGNATURE(S)

Full name of sole or first inventor

Robert	H.	Adolfsen
(GIVEN NAME)	(MIDDLE INITIAL OR NAME)	FAMILY (OR LAST NAME)
Inventor's signature		
Date	3/3/98	Country of Citizenship
Residence	52 Coachlight Square, Montrose, New York 10548	
Post Office Address	52 Coachlight Square, Montrose, New York 10548	

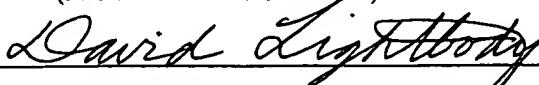
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Full name of second joint inventor, if any

Paul		Gherson
(GIVEN NAME)	(MIDDLE INITIAL OR NAME)	FAMILY (OR LAST NAME)
Inventor's signature		
Date	8-3-98	Country of Citizenship
Residence	2612 Farsund Drive, Yorktown Heights, NY 10598	
Post Office Address	2612 Farsund Drive, Yorktown Heights, NY 10598	

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Full name of third joint inventor, if any

David		Lightbody
(GIVEN NAME)	(MIDDLE INITIAL OR NAME)	FAMILY (OR LAST NAME)
Inventor's signature		
Date	8-3-98	Country of Citizenship
Residence	31 Margie Avenue, Cresskill, New Jersey 07626	
Post Office Address	31 Margie Avenue, Cresskill, New Jersey 07626	

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**Signature for fourth and subsequent joint inventors.**

*Number of pages added* \_\_\_\_\_

\* \* \*

**Signature by administrator(trix), executor(trix) or legal representative for deceased or incapacitated inventor.**

*Number of pages added* \_\_\_\_\_

\* \* \*

**Signature for inventor who refuses to sign or cannot be reached by person authorized under 37 CFR 1.47.**

*Number of pages added* \_\_\_\_\_

\* \* \*

**Added page for signature by one joint inventor on behalf of deceased inventor(s) where legal representative cannot be appointed in time. (37 CFR 1.47)**

\* \* \*

**Added pages to combined declaration and power of attorney for divisional, continuation, or continuation-in-part (C-I-P) application.**

**Number of pages** \_\_\_\_\_

\* \* \*

**Authorization of attorney(s) to accept and follow instructions from representative.**

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**This declaration ends with this page**